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## **BIB DATA SHEET**

## CONFIRMATION NO. 3265

|   |   |                 |           |        |                      |               |                                     | CONFI        | HIVIAI               | ION NO. 3265          |  |
|---|---|-----------------|-----------|--------|----------------------|---------------|-------------------------------------|--------------|----------------------|-----------------------|--|
| SERIAL NUM  | ERIAL NUMBER FILING or 371(c)   |                 |           |        | CLASS                | ASS GROUP ART |                                     |              | UNIT ATTORNEY DOCKET |                       |  |
| 10/562,29   | 10/562,295 DATE<br>12/22/2005   |                 | )5        | 257    |                      | 2811          |                                     | FR03 0067 US |                      |                       |  |
|   |   | RULE            | RULE      |        |                      |               |                                     |              |                      |                       |  |
| APPLICANT<br>Patrice G  |   | Douvres La De   | elivrande | , FRA  | NCE;                 |               |                                     |              |                      |                       |  |
| ** CONTINUIN<br>This appl   |   | s a 371 of PCT  |           |        | 6/16/2004            |               |                                     |              |                      |                       |  |
| ** FOREIGN A<br>EUROPE  |   |                 |           |        | *<br>0357 06/20/2003 |               |                                     |              |                      |                       |  |
| ** IF REQUIRE<br>10/11/20   |   | EIGN FILING I   | ICENS     | GR/    | ANTED **             |               |                                     |              |                      |                       |  |
| Foreign Priority claimed Yes No 35 USC 119(a-d) conditions met Yes No Met after Allowance |   |                 |           |        | STATE OR<br>COUNTRY  | SHEE          |                                     |              |                      | INDEPENDENT<br>CLAIMS |  |
| Verified and /JUNGHWA M IM/ jmil Acknowledged Examiner's Signature Initials               |   |                 |           | FRANCE | 2                    |               | 9                                   |              | 2                    |                       |  |
| ADDRESS  NXP, B.V  NXP INT  M/S41-S  1109 MC  SAN JOS  UNITED                             | ELLECT<br>J<br>KAY DF<br>SE, CA 9   | 95131           | TY DEP    | ARTM   | MENT                 |               |                                     |              |                      |                       |  |
| TITLE   |   |                 |           |        |                      |               |                                     |              |                      |                       |  |
| Optimize  | d multi-a   | apparation asse | embly     |        |                      |               |                                     |              |                      |                       |  |
|   | FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following: |                 |           |        |                      |               | ☐ All Fees                          |              |                      |                       |  |
|   |   |                 |           |        |                      |               | 1.16 Fees (Filing)                  |              |                      |                       |  |
|   |   |                 |           |        |                      | vt 🗀          | 1.17 Fees (Processing Ext. of time) |              |                      |                       |  |
|   |   |                 |           |        |                      |               | 1.18 Fees (Issue)                   |              |                      |                       |  |
|   |   |                 |           |        |                      |               | ☐ Other                             |              |                      |                       |  |
|   |   |                 |           |        |                      |               |                                     |              |                      |                       |  |